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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the year 1924

BY

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(Barrister-at-Law)

School Medical Officer

MACKAYS LTD.,
CHATHAM,
1925.

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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE, FEBRUARY, 1925.

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DEPARTMENT OF THE COUNTY MEDICAL OFFICER,
SESSIONS HOUSE,
MAIDSTONE.

March 1st, 1925.

To the Chairman and Members of the Kent Education Committee.

MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit herewith my Twelfth Annual Report upon the work of Medical Inspection and Treatment of School Children in the County of Kent, for the year ended December 31st, 1924.

Excellent work continues to be done in each branch of the service, as shown by the various Tables submitted.

An extra dental surgeon was appointed early in 1925, and this, with the opening of the new dental clinics, will enable a considerable amount of additional dental work to be carried out in the future. Reports by the school dental surgeons are included in the body of the report. Special propaganda work was carried out during the year by means of lectures given by the dental surgeons to mothers attending various maternity and child-welfare centres.

At the time of writing, the revision of the nursing areas in the county has just been completed, and, with the additions to the nursing staff sanctioned by the Committee, our nursing scheme will be more complete.

The report includes special articles of interest by the school medical inspectors as follows :—

“ Enlarged Tonsils and Adenoids,” by Dr. J. Selfe.

“ Health of the Entrant and Intermediate Groups, with Special Relation to Breast-Feeding,” by Dr. S. A. Tucker.

“ Malnutrition in Children of School Age,” by Dr. F. Wolverson.

“ A Comparison of Anæmia in Town and Country School Children,” by Dr. W. Lessey.

At the present time a special enquiry into the health of children in the rural schools of the County has been instituted at the request of the Board of Education, and a copy of the report on this subject will be submitted to your Committee in due course.

During the year under review some difficulty arose with one or two hospitals in connection with the arrangements for the treatment of school children, but it is hoped that the consequent withdrawal from such arrangements on the part of some hospitals will not interfere materially with the treatment necessary.

It will be noted that the school oculist refers to the need for the treatment of cases of squint before school age, and with the sanction of your Committee I will arrange for the facilities provided to be extended to the infant population so far as treatment is possible in the Committee's area, by the oculist.

Dr. J. W. Fox has again assisted me in the preparation of this report, and all the members of the school medical service staff have carried out their duties in a highly efficient manner.

I should also like to record the fact that I have received the whole-hearted co-operation of head masters and mistresses, and others interested in school work, which co-operation is essential to ensure the smooth administration of any scheme having for its object the improvement of the health of the scholars.

I thank you for the encouragement and support which I have always received from you.

I am, my Lord, Ladies and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

School Medical Officer.

KENT EDUCATION COMMITTEE.

Report of the School Medical Officer

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1924.

1.—THE STAFF.

Dr. Mary O'Connor resigned her appointment in October, and left the Committee's service on November 7th, 1924. The vacancy has been filled by the appointment of Dr. Dorothy Gallie, who will take up her duties on January 12th, 1925.

Mr. C. E. Thomas ceased work for the Committee on December 31st, in order to take up dental work abroad. His place has been filled by the appointment of Mr. Noel Smith, who will commence duty on February 2nd, 1925. The Committee has sanctioned the appointment of a third dental surgeon, and Mr. H. E. Hall has been selected to fill the post. He will begin work on January 12th, 1925.

2.—CO-ORDINATION.

Co-ordination between the various branches of preventive medicine is secured by reason of the fact that the School Medical Officer is also the County Medical Officer. Uniformity in the practice of the doctors and dentists of the School Medical Service is helped by monthly meetings of the staff at the Central Office.

3.—SCHOOL HYGIENE.

Outstanding reports on the ventilation of individual schools have been received. The medical inspectors have also supplied information with regard to cloak-room accommodation throughout the schools of the area.

4.—MEDICAL INSPECTION.

The average number of children on the roll of elementary schools for the twelve months ended 31st December, 1924, is 74,413, compared with 75,926 on the corresponding date of 1923. 22,829 of these children belonging to the age-groups called "entrants," "intermediates" and "leavers" were examined, together with 1,857 special cases. 12,258 were re-inspected, in consequence of the discovery of defects at former inspections.

5.—FINDINGS OF MEDICAL INSPECTION IN ELEMENTARY SCHOOLS.

(a) *Uncleanliness.* The details given in Table 1 with regard to verminous conditions in the schools, correspond closely with the findings of the previous two years. There has been no change in procedure. It is possibly too much to expect that there should be a rapid falling off in the number of children persistently unclean.

Table 1. *Summary of work carried out by Nurses during the year 1924. (See also Table 10, Section V).*

Year.	School Roll of area.	No. of Visits to Schools.	No. of Examinations of Girls.	% of Girls Verminous.*	No. of Examinations of Boys.	% of Boys Verminous.*	No. of Re-examinations of Girls.	% of Girls Verminous.*	No. of Re-examinations of Boys.	% of Boys Verminous.*	% of Girls excluded.	% of Boys excluded.	No. of other visits to Schools.	Attendances at Clinics.	% Home visits to School Roll.	% Exclusions to School Roll. ‡
1924	74,413	2,996	80,493	10.1	68,860	2.0	18,736	32.3	5,980	13.2	0.9	0.2	827	1252	19.8	1.2
1923	75,926	2,918	85,043	9.6	69,486	2.3	23,029	32.4	7,214	10.3	0.9	0.3	436	1392	21.3	3.2
1922	79,683	2,639	79,696	11.02	62,924	2.2	24,493	32.2	6,951	12.4	1.0	0.2	964	1121	24.9	3.1

* "Verminous" children include all degrees of uncleanliness, from "a few nits" to "many live vermin."

(b) *Minor Ailments.* Information with regard to these conditions will be found in the nursing summaries, reports from the clinics, and under paragraph (e), which deals with skin diseases. (Pages 14, 69 and 11 respectively).

(c) *Enlarged Tonsils and Adenoids.* Until 1924, there had been a decline in the number of cases of obstruction to breathing. During 1924, however, an increase has to be recorded, there being 1151 cases in need of treatment forthwith, and 977 for continued observation. The corresponding figures for 1923 were 979 and 738 respectively.

(d) *Tuberculosis.* Twelve cases of definite pulmonary tuberculosis were discovered in the schools during 1924, and in 149 cases this disease was suspected. There were fifty-three cases of other forms of tuberculosis. Table 2 from the tuberculosis dispensaries and Table III of the Board of Education (page 53) give further information with regard to the prevalence of tuberculosis.

Table 2. Showing school children from the area of the Kent Education Committee who were seen at the Tuberculosis Dispensaries of the Kent County Council during 1924.

Age.	Tuberculosis of Lungs. (Definite).		Tuberculosis of Lungs. (Suspected).		Glands.		Spine.		Hip.		Other Bones and Joints.		Skin.		Other forms of Tuberculosis.		Non-Tuberculous Diseases.		No Disease.		Treated as Pre-Tuberculosis, etc., but not suspected of T.B. Lungs.		Total.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)												
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5	6	2	11	6	9	5	—	—	1	—	—	—	—	—	2	1	12	9	8	17	10	4	59	45
6	7	7	11	8	7	3	—	—	1	—	—	—	—	—	3	—	5	9	14	21	11	6	60	55
7	8	7	12	7	7	4	—	—	—	—	—	—	—	—	1	—	6	11	12	11	14	8	77	46
8	6	4	8	6	8	6	—	—	1	—	—	—	—	—	3	—	14	6	12	11	14	7	63	55
9	10	11	15	10	7	6	—	—	2	—	—	—	—	—	2	2	5	11	17	17	14	9	65	60
10	6	7	8	5	7	3	—	—	—	—	—	—	—	—	4	1	6	7	12	16	8	11	52	54
11	13	10	4	9	10	6	—	—	1	—	—	—	—	—	3	2	9	4	7	18	7	13	65	65
12	11	7	8	11	5	7	—	—	—	—	—	—	—	—	2	—	8	4	15	20	8	7	58	38
13	13	7	8	5	8	7	—	—	1	—	—	—	—	—	1	—	9	4	15	7	7	7	54	47
14	4	8	1	—	1	3	—	—	—	—	—	—	—	—	—	—	4	4	5	10	2	1	18	30
Totals	84	70	86	71	46	2	4	10	1	7	2	3	20	9	76	60	119	154	86	70	571	495		

(e) *Skin Disease.* Affections of the skin among school children consist for the most part of scabies, impetigo, and ringworm. Thirty-eight cases of scabies and 274 of impetigo were recorded at medical inspections. 281 cases of ringworm were under observation during the year. Of this latter number, 210 were fresh notifications, and seventy-one were brought forward from 1923. In rather more than fifty per cent. of the cases the seat of infection was the scalp. 295 specimens of hair from these cases were submitted for examination at the County Bacteriological Laboratory at Maidstone.

(f) *External Eye Disease.* The condition of sore eye-lids is the commonest of the external eye diseases, 187 cases being reported at the medical inspections. It is usually a sequela of acute infectious disease, and less often a symptom of a refraction error.

(g) *Vision.* 1,238 cases of defective vision requiring treatment were recorded by the school doctors, and 251 cases of squint. 1,193 of these cases attended one of the Committee's eye clinics. Table 6 sets out the causes of defect as ascertained by the School Oculist. It will be noted that, in the majority of cases, the cause of defect was found to consist of errors of refraction requiring glasses.

(h) *Ear Disease and Hearing.* 306 children showed some defect of hearing, or 1.1 % of the total number examined. 219 children are reported to be suffering from running ears or other diseases.

(i) *Dental Defect.* Table 3 shows the number of cases of dental caries at the various ages, as found by the medical inspectors. It will be noted that the table shows an increase, as compared with the three earlier years. Table 10 (Group IV) of the Board of Education, compiled from the returns of the Committee's dentists, also indicates an increase of prevalence—seventy-three per cent., as against sixty-three per cent. for 1923.

(j) *Crippling Defect.* Table 9 (Page 52) compiled in accordance with the requirements of the Board of Education, give all the available information with regard to crippling defects or cripples.

Table 3. Showing the cases of Defective Teeth in each age and sex group during the year 1924, and the percentage of such cases in relation to the number examined.

Age Group and Sex.	Number examined.	With four or more defective teeth.		With less than four defective teeth.		Total carious with teeth.		Percent- age with carious teeth in 1923.	Percent- age with carious teeth in 1922.	Percent- age with carious teeth in 1921.
		Num- ber.	Per- centage.	Num- ber.	Per- centage.	Num- ber.	Per- centage.			
Entrant	(M.	4077	491	12.05	1557	38.19	2048	50.24	42.44	40.95
	(F.	3880	492	12.69	1477	38.07	1969	50.75	44.20	42.38
Inter- mediate	(M.	3770	483	12.82	1780	47.22	2263	60.03	57.26	63.49
	(F.	3490	460	13.18	1621	46.45	2081	59.63	54.83	60.74
Leaver	(M.	3911	132	3.38	1689	43.19	1821	46.57	45.05	59.25
	(F.	3701	122	3.30	1441	38.94	1563	42.24	43.44	50.69
Special	(M.	929	86	9.26	105	11.31	191	20.56	20.27	23.67
	(F.	928	67	7.22	136	14.66	203	21.88	23.50	20.50
Totals	...	24686	2333	9.46	9806	39.73	12139	49.18	46.23	48.6

6.—INFECTIOUS DISEASES.

Table 4, which shows the school closures on account of infectious diseases, indicates that there was an increase in the total of such closures when compared with the previous year.

As in the year 1923, measles was easily the most prominent disease during the year, accounting for forty-nine closures out of the total of ninety-eight; while in several other instances it was associated with one or more other diseases in outbreaks which led eventually to closure.

It is interesting to note that, in the last four months of the year, only six closures were necessary in the whole of the county, out of the total of ninety-eight effected during the whole year.

7.—FOLLOWING-UP.

See 1923 report. The Committee has sanctioned the appointment of three more nurses for school work, but these had not been appointed at the end of the year.

Table 4. School closures during 1924.

Reason for Closure.	Under one week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks.	6 weeks and over.	Total.
Measles ...	3	9	18	18	1	—	—	49
Whooping Cough ...	1	1	1	5	—	—	—	8
Scarlet Fever ...	1	3	1	1	—	—	—	6
Diphtheria ...	—	1	—	—	—	—	—	1
Influenza ...	3	14	4	—	—	—	—	21
Chicken Pox ...	—	1	—	—	—	—	—	1
Measles and Mumps ...	—	—	1	1	—	—	—	2
Measles and Influenza	—	—	3	4	—	—	—	7
Enteric and Influenza	—	1	—	—	—	—	—	1
Measles, Whooping Cough and Influenza	—	—	—	—	—	—	1	1
Coughs and Colds ...	—	—	1	—	—	—	—	1
Totals ...	8	30	29	29	1	—	1	98
Totals for 1923 ...	14	16	25	6	4	—	—	65

8.—MEDICAL TREATMENT.

Review of the methods employed or available for the treatment of defects. Statement of results.

(a) *Minor Ailments.* The school nurses carry out most of the treatment of minor ailments, either at the school clinics or at the children's homes. Catarrh of the eyes, sore lids and running ears are only treated under the supervision of a medical practitioner. With regard to ringworm, the following is a new procedure which is included among the regulations.

(43) In selected cases, children suffering from ringworm of the scalp may continue in attendance at school during treatment (but not during epilation after X-rays). Authority in each case must be obtained first from the School Medical Officer. Suitable cases in which to make application for permission are those where continuous supervision is assured by nurse, head teacher and parent, and where home conditions are favourable as regards cleanliness and appreciation of the risks of infection. A child attending school under these conditions and while still suffering from ringworm must wear continuously a washable linen cap which must extend at least three inches beyond any infected area. The infected areas must be kept covered with ointment, free from hair for one inch round the circumference, and the cap should be changed three times a week, a fresh one being used on Monday, Wednesday and Friday. Application for permission should give the details on which the suitability of the case is based.

The following is a summary of nurses' case cards showing treatment carried out in 1924, and (for comparison) 1923.

	1923.	1924.
Ringworm of Scalp	186	116
Ringworm of Skin	150	78
Impetigo	552	339
Scabies	71	42
Sores	48	27
Eye conditions (under a doctor's supervision)	182	238
Ear conditions (under a doctor's supervision)	118	167
Other defects	73	44
Total	1380	1051

(b) *Tonsils and Adenoids.* Cases of enlarged tonsils and adenoids receive treatment at various hospitals throughout the county, and in addition at Sittingbourne clinic. Table 5 shows the distribution of the hospitals, and the number of cases treated at each. The school nurses visit the patients' homes as soon as possible after operation in order to see that progress is satisfactory, and that proper breathing exercises are being carried out in accordance with instructions printed in the form of a leaflet.

(c) *Tuberculosis.* For the most part, children suffering from any form of tuberculosis are not in attendance at school, being already under treatment. Any cases found in school are referred to the family doctor or to the nearest tuberculosis dispensary. Table 2 gives a summary of cases belonging to the administrative area and being treated at the dispensaries. Seventy-six children showing suspicious signs were referred for further examination.

(d) *Skin Diseases.* Skin affections are for the most part treated as "minor ailments," and have been considered under that heading. There have been no changes in the arrangements for X-ray treatment of ringworm, and fifty cases were X-rayed during the year. It should be possible, in the future, to carry out X-ray treatment at Maidstone, economically, if the necessary and expensive apparatus is utilized also for the other purposes to which it could be adapted.

(e) *External Eye Disease.* Except for conditions dealt with as minor ailments (under medical supervision), such as sore eye-lids, external eye disease is uncommon in school children, and when it does occur, treatment is usually obtained at hospital.

Table 5.

Hospital or Clinic.						Tonsils and Adenoids. No. of Cases.
Ashford Cottage	...	...	...	...	...	28
Bromley "	...	...	...	...	...	3
Bexley "	...	...	...	...	...	21
Chislehurst, Orpington and Cray Valley	...	...	...	...	...	15
Dartford, Livingstone	...	...	...	...	...	62
Deal Victoria	...	...	...	...	...	—
Faversham Cottage	...	...	...	...	...	20
Gravesend General	...	...	...	...	...	4
Herne Bay Cottage	...	...	...	...	...	12
Kent County Ophthalmic	...	...	...	...	...	20
Kent and Canterbury	...	...	...	...	...	22
Margate Cottage	...	...	...	...	...	11
Royal Victoria Hospital, Dover	...	...	...	...	...	7
" " Folkestone	...	...	...	...	...	84
Sittingbourne Clinic	...	...	...	...	...	34
Sevenoaks Cottage	...	...	...	...	...	12
St. Bartholomew's, Rochester	...	...	...	...	...	10
Springfield Nursing Home	...	...	...	...	...	15
Tonbridge Cottage	...	...	...	...	...	22
Tunbridge Wells Eye and Ear	...	...	...	...	...	10
" " General	...	...	...	...	...	15
Total	...	...	...	...	...	427
Total for 1923	...	...	...	...	...	411
Total for 1922	...	...	...	...	...	462
Total for 1921	...	...	...	...	...	749

(f) *Vision.* About eighty per cent. of all children requiring treatment for defective eyesight receive attention at the school clinics, ten per cent. at various hospitals under the Committee's arrangements, and ten per cent. privately. The School Oculist insists urgently on the need for treatment of cases of squint before school age, and considers that the facilities provided by the Committee should be available for the infant population. Though the number of parents who take their children to opticians for glasses is a decreasing quantity, it is time this practice ceased altogether. The glasses prescribed are more often incorrect than otherwise, and the errors are sometimes serious.

(g) *Ear Disease and Hearing.* The difficult problem of providing effective treatment for running ears remains unsolved, but valuable work continues to be done by the nurses, who see that ears are kept clean, and the patients are medically advised from time to time. There will be fewer cases of ear discharge as attention to obstructed breathing in infants' schools becomes more extended.

Table 6. Showing cases of defective vision examined by the school oculist.

	Dartford.	Ashford.	Sevenoaks.	Tonbridge.	Snodland.	Sittingbourne.	Sheerness.	Whitstable, Broadstairs.	Maidstone, Hythe, Hawkhurst.	Total.
Total cases ...	383	92	96	163	72	117	135	57	73	1188
Refractions ...	268	73	78	108	41	88	70	37	54	817
Glasses prescribed ...	247	64	58	71	31	72	71	32	40	686
Glasses obtained† ...	243	60	63	83	25	83	80	29	55	721
Re-examinations ...	116	20	11	39	16	31	54	7	7	301
Squint ...	41	16	8	18	7	10	8	5	7	120
Hyperopia ...	33	9	3	13	8	16	15	9	8	114
Myopia ...	50	14	4	5	11	5	10	4	6	109
Astigmatism—										
Hyperopic ...	83	23	23	37	5	27	19	10	18	245
Myopic ...	46	7	17	10	5	13	7	9	15	129
Mixed ...	10	8	8	3	1	4	1	—	1	36
Cornea ...	5	—	3	3	—	2	3	4	2	22
Lens ...	5	—	1	1	—	1	—	—	—	8
Fundus ...	3	—	—	1	—	1	—	1	—	6
Eyelids ...	10	2	4	5	4	7	3	2	3	40
Conjunctivitis ...	4	1	2	1	1	2	3	1	5	20
Nystagmus ...	4	—	—	—	—	—	—	—	1	5
Eyestrain ...	10	1	7	8	4	5	8	—	1	44

† Includes spectacles prescribed in previous years, but obtained during 1924.

(h) *Dental Defects.* Hitherto, two whole-time dental surgeons have been engaged in work at the school clinics, but in July the Committee approved of an extension of the service, and a third dentist was appointed at the end of the year. He will begin work early in 1925. The new areas of dental activities are Welling, Bexley Heath, Broadstairs, Northfleet, Southborough and Herne Bay. Reports of the school dentists are given below.

Mr. C. E. Thomas, one of the whole-time dental surgeons, reports as follows :—

“ There has again been an increase in the number of children returning for further advice and treatment after previous treatment at the dental clinics.

“ This re-inspection and further treatment of children who have attended the clinics in past years, has increased so much that the numbers are nearly equal to those of first inspections and treatments.

" The scheme of dental treatment has been to concentrate on treating the 5, 6 and 7 year age groups, and to follow them up and any other treated cases through the school, with further treatment where necessary. This ensures that these cases leave school dentally fit, which is the object of school dentistry.

" Comparison of figures for 1923 with those of 1924 (on p. 57) is interesting, and clearly shows the increase in the work of following up.

" There is, of course, a corresponding reduction in the numbers of new cases one is able to treat, and the appointment of the third dental surgeon will be very welcome.

" The percentage of re-inspection cases requiring further treatment has increased from 51% to 61%, but this number should decrease with the extra staff to cope with the work.

" Fortunately the number of parents who refuse treatment for their children is steadily decreasing, but much propaganda work is needed to impress upon them the importance of early treatment, as this helps to prevent dental trouble in later years—and is in keeping with the principle of the service, *i.e.*, prevention of disease.

" A complete scheme of dental treatment includes an extra age group each year, but this is not possible in a county area, and with the present staff.

" A large number of urgent and special cases from the medical logbooks and various recommendations, are treated each year in addition to those from the routine age groups inspected. This number, 745, compares with 838 in 1923, and it should steadily decrease, with an extended and complete scheme of dental treatment.

" The following Table compares the percentage of children requiring treatment in each age group with the previous two years :—

			Age 5.	Age 6.	Age 7.	Ages 5, 6 & 7.
1922	...	...	59	64	74	66
1923	...	...	56	63	62	62
1924	...	...	59	70	73	68

" There is, therefore, a small increase in the number of children requiring treatment among the age groups examined, and the already extensive prevalence of dental caries does not decrease under modern conditions.

" Until there is food reform and a change of habits in regard to food generally, it appears that the above percentage must remain high. The

beneficial effect of allowing children to gnaw the meat from the bones can be instanced in regard to this matter. It is now possible to publish the recommendations of the Food Adulteration Committee of the British Dental Association, dated November, 1923, of which I was one of the members.

“ These recommendations are as follows :—

1. All foodstuffs to be as free from chemicals as possible.
2. The sugary class of foodstuffs are the most important to be dealt with. There are practically no regulations in force with regard to the composition of sweets and jams or the amount of artificial glucose used in sweets. All sugars consumed by children should be of the purest.
3. All foodstuffs to be as fresh and clean as possible, *e.g.*, milk. The excellent work done by the Reading University College experts needs extending to embrace the whole country (the dairy farms of the district having all been put in order). Until such work can be copied, such societies as the National Clean Milk Society deserve every support.
4. Any added substance and its proportion to be declared.
5. The advantage of preservation by chilling instead of freezing (less injury to the vitamin content).
6. The advantage of wholemeal and germ bread, for the sake of water soluble B vitamin ; more efficient mastication and a greater mineral content.
7. Date of manufacture to be stated on preserved foods.
8. Harmless lacquer should be used for tin containers of acid foods.

“ A considerable part of my Report for 1923 was devoted to the relationship between food and dental caries.

“ Until legislation is passed, much can be done by encouraging the use of natural foodstuffs and brushing the teeth and gums night and morning. The adverse effects of carious teeth on the general health have been referred to in previous Reports, and are too well known to need repetition here.

“ The approved societies have realized the economical aspect of dental treatment, which is being granted to their members as an additional benefit, with a corresponding reduction in sickness claims. Large firms have also established dental clinics for their employees.

" The actual school dental treatment carried out has consisted of fillings, extractions, scaling, dressings, regulation by extraction, administration of anæsthetics and analgesics, also treatment of pyorrhoea. The details are shown in the Table on page 57.

" This treatment has been carried out weekly at the main clinics established at Ashford, Tonbridge and Sevenoaks. Clinics have also been held at Whitstable, Hythe, Lydd, Westerham and Southborough, in school buildings or at domestic science centres. The domestic science centres have been found useful for clinic work, as there are many conveniences, such as hot water, gas rings for sterilizing and good light as a rule, and incidentally no expense for rent is incurred.

" The careful treatment and filling of both temporary and permanent teeth is an important part of the work, and the amount of this conservative work done is a good test of efficiency of a dental service. A large number of teeth are extracted, however, as many parents wait until the children's teeth have become so carious and septic that extraction is necessary.

" Many cases of overcrowded teeth occur, and then sound teeth have to be extracted to make room for the rest, as otherwise food accumulates, which helps to cause gum trouble and pyorrhoea. The explanation of overcrowding is that there is a tendency for the jaws to be smaller than those of our ancestors, through lack of use.

" Dental inspections and re-inspections of treated cases have been facilitated by the co-operation of the head teachers, who have also been the means of sending many cases of " refusal of treatment " to the clinics. The nursing staff have also, by their excellent management of the children and help at the clinics, made working with them a pleasure and as a rule the children do not fear attending for treatment.

" Dental inspections and re-inspections have been carried out weekly or fortnightly as needed—sixty-five half-days to inspections and three hundred and nineteen half-days to treatment.

" Dental talks have been given at the school inspections and illustrated dental lectures at welfare centres.

" As many of the teeth are calcified before birth, pre-natal care of the teeth is eminently desirable. Unfortunately many parents are unable to obtain dental treatment, but much dental trouble can be avoided by timely advice at the welfare centres.

" It is essential that each dental surgeon should re-inspect his own treated cases each year at the schools, and note the results, etc.,

as varying the work in this way makes it more interesting. It is not advisable to hold clinics every day in the week, without a break of some other work in between, owing to the tedious nature of the work.

“ The dental work carried out in Kent compares favourably with that in other counties, and I am sure the Committee will be pleased to hear that extracts from previous Reports of work done in Kent have been published in the Reports of the Medical Officer to the Board of Education.”

Mr. F. J. Saunders reports as follows :—

“ Lectures on the ‘ Care of the Teeth ’ have been given to the parents and children upon attending the dental clinic, whenever possible, thus giving the parent the opportunity of seeking advice—in the main these lectures have proved very satisfactory.

“ Application for dental treatment, after the inspection of children at school, is steadily increasing—for instance, acceptances vary from thirty per cent. to sixty per cent., compared with from twenty per cent. to thirty per cent. for 1923.

“ Twelve cases of children of five years of age whose teeth were found upon examination to be severely attacked by extensive caries, have been investigated, with the result that it was found that each child in infancy was fed on artificial food, and nine of the twelve cases showed maldevelopment of the jaws and facial bones. Mothers should be instructed in the essentials of natural feeding of their children and its effects when possible.

“ Fourteen special cases of children with irregular front teeth have been treated by mechanical means, such treatment avoiding the loss of any teeth to the child—the necessary treatment has been done during the child’s dinner hour, thus preventing absence from school in the afternoon. This method of treatment is greatly appreciated by the parents.

“ Owing to so many acceptances for dental treatment, it has been impossible to re-inspect all the schools that were inspected in 1923, the neglected centres being Dartford and Snodland. Periodical inspection has been followed up at Sheerness, Sittingbourne and Northfleet.

“ It is hoped the appointment of a third dental surgeon will alleviate much of this congestion.

“ Valuable assistance has been rendered by head teachers by pointing out to parents and children the effects of carious teeth and septic

mouths, and the fact that these defects tend to pave the way for more serious and complicated complaints. The co-operation of the teachers in this way is much appreciated."

(i) *Crippling Defects and Orthopædics.*—There is still only one centre for the treatment of these cases, viz., the Kent and Canterbury Hospital, and ten cases received treatment during the year under review.

The Committee are giving this matter serious consideration, and the following Report has been submitted to them :—

Orthopædic Treatment and Care of the Crippled Child.

" Defects leading to crippling start at an early age, and it is at the start that treatment is most efficacious. By the time a child begins school life, permanent crippling may be already established. It is clear, therefore, that any comprehensive scheme concerns infant welfare more than it does an Education Authority, and the more successful it becomes, the less will the interest of an Education Authority, as such, be involved. I suggest, then, that an Education Authority should not initiate a scheme on its own account, but only in conjunction with other persons or bodies interested. The problem is a formidable one, if it is to be dealt with fully, and its solution will become easier, if as large a population as practicable is comprised within the scheme. Perhaps the Committee will consider that the first step to take is to call a conference representative of the various interests involved, viz., other Education Authorities in the county, voluntary hospitals, existing bodies having the care of cripples, public health authorities, general practitioners and especially any orthopædic surgeons available, and nursing associations.

An orthopædic scheme should comprise arrangements for :—

(1) The *discovery*, as early as possible, of defects leading to crippling. Perhaps ninety per cent. of these defects consist of tuberculosis of bones and joints, congenital deformities and paralyses. There are also postural deformities requiring treatment by means of remedial exercises.

(2) The *treatment* of cripples, but more especially the treatment of defects leading to crippling. Provision requires to be made for in-patient treatment at some central hospital and for out-patient treatment at various centres throughout the county. These centres should be in connection with general hospitals or may be separate clinics. Treatment includes the provision of surgical appliances.

(3) *After-care.* A patient, after discharge from hospital, requires to be kept under observation for months or even years, and also usually requires continued treatment at a local clinic, to complete the cure and prevent relapse.

(4) *Education.* Since orthopædic treatment may stretch over long periods of time, it is important that education for children of school age should be available during its continuance. The Central Hospital should, therefore, have a school in connection with it. The interference with education entailed by attendance as out-patients at local clinics will depend on the number of the clinics set up.

In addition to the general outline of the requirements of a comprehensive scheme, it may be useful to add a few notes of any information immediately available. In the 1923 records of the School Medical Service for the Kent Education Committee 202 cripples are scheduled, and there are 423 additional cases awaiting decision as to classification. This gives some idea of the minimum requirements of school children in one administrative area. It should be noted, however, that in the past, crippling defects have not been searched for systematically, owing to the almost complete absence of facilities for dealing with them. The real size of the problem is, therefore, not known, and will only become clear when doctors, health visitors, midwives and parents are on the watch for signs of these diseases.

Public bodies are able to contribute towards the financial assistance of orthopædic work. The chief methods are enumerated by the Chief Medical Officer of the Board of Education in his Report for the year 1923, as follows :—

(1) Hospitals may be approved by the Minister of Health as institutions for the treatment of non-pulmonary tuberculosis.

(2) They may be recognized by the Minister of Health as institutions for the treatment of non-tuberculous children under five years of age sent by local authorities, under their maternity and child welfare schemes.

(3) They may be certified by the Board of Education under Part V. of the Education Act, 1921, as special schools for physically defective children.

(4) They may be recognized by the Board of Education under Section 80 (1) of the Education Act, 1921, as places to which Local Education Authorities may send school children for orthopædic treatment, under their arrangements for the School Medical Service.

(5) They may be recognized by the Board of Education as institutions for the vocational training of physically defective students over sixteen years of age.

(6) Patients may be sent to them by Poor Law Authorities at the cost of the rates."

9—10.—OPEN-AIR EDUCATION AND PHYSICAL TRAINING.

There is no change to report.

11.—PROVISION OF MEALS.

In the last report reference was made to the difficulty the Committee experienced in finding suitable accommodation for school canteens. The normal development of the work continues to be retarded by this circumstance, although the increasing interest of managers and teachers in the Committee's scheme has resulted in the opening of five new canteens during the year, and arrangements are being made for six others to be started early in 1925.

The establishment of two of the canteens referred to will depend upon the approval, by the Board of Education, of plans for the erection of kitchens in the playgrounds of the schools. In one instance the Board have approved the plan of the canteen building and the work is in hand ; in another the managers are erecting a brick kitchen at their own expense, while accommodation for the others will be found on the school premises. Where a kitchen is erected in the school playground or the food is cooked on school premises, the dinners, are, as a rule, served in the schoolroom.

Local canteen committees have been encouraged and helped in their work. Suggestions have been made for improving and varying the *menus* and, where necessary, the cooks have received instruction in their duties. The following is a typical *menu* for the week :—

<i>Monday.</i>	Stewed beef, potatoes, cabbage. Suet pudding and treacle.
<i>Tuesday.</i>	Meat roly-poly, gravy, potatoes, mashed swedes. Apple and sago pudding.
<i>Wednesday.</i>	Meat hot pot, cabbage. Steamed ginger pudding, sugar.

<i>Thursday.</i>	Shepherd's pie, mashed parsnips, gravy. Jam roly-poly.
<i>Friday.</i>	Pea soup, potatoes, cabbage. Steamed date pudding, sugar.

The price of the meal does not usually exceed 3d. A reduction is often made where two or three children attend from the same family.

The reports of the school medical inspectors, teachers and others show that canteens have a marked effect for good upon the health, bearing and physical capacity of the children.

The majority of the canteens are self-supporting. Where a canteen is on school premises, fuel is taken from the school store. Canteens in other buildings may be called upon to bear the cost of rent and fuel.

Meals without payment are provided at Dartford and Crayford (two canteens). Early in the year the Committee were called upon to provide a canteen at Halling, where the children were suffering owing to unemployment. The arrangement with the Local Committee involves part payment by the parents, the balance of the cost of the meals being paid by contributions from a local fund and from the Committee. At other canteens individual cases of malnutrition have been dealt with by the local canteen committees.

The total expenditure on school canteens for the financial year ended 31st March, 1924, was £2,068, of which money grants to canteens serving free meals absorbed £1,299 4s. 2d. The balance of £768 15s. 10d. represents equipments for new canteens, grants to permanent canteens and administration expenses. This expenditure compares with £2,856 13s. 6d. for the year ended 31st March, 1923, and £3,322 4s. 1d. for the year ended 31st March, 1922.

The number of meals supplied during the same period, at the expense of the Committee, was 79,073. The number of meals supplied in return for payment by parents or funds raised locally was 148,493 : Total, 227,566. The corresponding figures for the year ended 31st March, 1923, were 109,926 and 161,754 : Total, 271,680.

During the same year there were fed in the county, at the expense of the Committee, 325 children ; on payment of a fee, 1,075 children, making a total of 1,400. The number of individual children fed free has decreased by 216. The number of free meals provided by local committees out of their own funds was 7,925, against 7,509 for the corresponding period last year. The average cost of the meals during the year for food only was 1·8 pence, and the average cost of meals after allowance has been made for all expenses was 3·6 pence.

The Committee welcome enquiries from managers of schools regarding the formation and management of canteens. Even where lack of accommodation prevents the provision of hot meals, arrangements can often be made to supply hot drinks to children who are obliged to bring food to school.

The medical inspectors visit the canteens when they are in the district, and submit Reports giving the following information :—

- (a) Co-ordination.
- (b) System of selection.
- (c) Sufficiency and suitability of diet.
- (d) Educational aspect.
- (e) Suitability of accommodation.
- (f) Method of recording progress of children.
- (g) Economical administration.

Copies of these reports are forwarded to the Director of Education, and the following are extracts from two representative reports :—

CROCKHAM HILL SCHOOL CANTEEN.

Dietary—Sufficiency and Suitability. Two courses each dinner. Sufficient is supplied for one good helping and possibly a second. All materials used are of good quality. The food is varied, plenty of vegetables, lentils, beans, fish once a week, meat once a week, soups, fruit, suet puddings, etc. No bread is supplied.

Attention given to educational aspect of work. Good table manners are insisted upon.

Suitability of accommodation and equipment. The meals are cooked in the adjoining school-house, where accommodation and equipment is satisfactory. The meal is served in one of the classrooms.

Efficiency of service and supervision of meals. Each day a lady takes charge at dinner time and serves. Practically all the children take their turn at serving and clearing. They are appointed for the work, four to serve, four to clear and wash-up (boys and girls). There is a salaried cook (15s. per week).

Economical aspect of work. Any child may join the canteen if willing to pay. A charge of fourpence per head per meal is made, and threepence halfpenny per head per meal where more than one in a family stay to meals. Receipts meet expenses if numbers keep up to twenty-five to thirty each day. At present, however, the average

is only fifteen per day, and there is some question of closing the canteen.

WILMINGTON BIRCHWOOD SCHOOL CANTEEN.

Selection. Children whose fathers are unemployed are provided with free meals, but the circumstances are investigated first, and it must be established that they are deserving cases.

Any child attending the school may join the canteen and obtain a dinner for twopence halfpenny. A family of three pays twopence each. A family of four pays 2s. 6d. a week for the four.

Suitability and sufficiency of the diet. There is always a meat preparation in the form of a pie, a pudding or a stew with potatoes and beans or other vegetables. Gardening is a special feature of this school, and the products of the garden are utilized for the canteen during the season, and this plays a part in the economic administration of the canteen, and helps to provide a suitable and varied dietary.

The dinners provided daily average between sixty and seventy, and each child can have a second helping of the meat dish and also of the sweet.

Sweets are provided daily, and are selected from treacle pudding, rice pudding, rhubarb tart, apple tart, and other fruit tarts and puddings when the fruit is in season. Generally there is more than one sweet to choose from.

Educational aspect. Children are instructed in table conduct and behaviour at dinner. The teachers and bigger children help in the serving and distributing of meals.

Accommodation. Two class rooms are utilized for the meals, and class tables and desks are made use of.

The cook-house equipment is provided by the Education Committee and the equipment is sufficient, suitable and satisfactory. The head teacher supervises, and he is assisted by the other teachers. The dinner hours are very punctual. The kitchen is tidy and clean.

Beneficial effect. The children without any doubt benefit by these dinners, the percentage of debilitated and anæmic children in this school is very low, compared with the average of the other schools under my observation.

Economic administration. A cook is paid 15s. a week, but all the other work is voluntary. The school garden plays an important part in the economy of meals, and is of commendable importance in providing fresh greens and vegetables and fruits.

12-15.—SCHOOL BATHS. CO-OPERATION OF PARENTS. CO-OPERATION OF TEACHERS. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

There have been no developments under any of these headings.

16.—CO-OPERATION OF VOLUNTARY BODIES.

Report of the Kent Voluntary Association for Mental Welfare, December, 1924.

“ The work of the Association has shown a steady increase during the year, 239 new names having been received, making the number on the books 1,415. Of the new cases fifty-one were notified by the Kent Education Committee, bringing their total up to 613. Of this number twenty-one have been admitted to certified Institutions, and special schools, through the help of the Association ; many of the others were old cases which, being now over 16, have passed away from the authority of the Education Committee, but remain under the Association for voluntary supervision.

“ The Secretary has made twenty-four special reports during the year, as a result of which five children were notified to the County Council, and four admitted to special residential schools ; others are awaiting vacancies. The Committee were willing to send several more, and vacancies were even obtained by the Association, but the parents refused their consent when they heard that the children would have to go so far away. The want of a special residential school for our own children in the county is keenly felt. The better the home visiting and supervision becomes, the more cases will be found for whom the one chance of becoming in any way useful members of the community is to have the training and discipline of a residential school.

“ About 420 home visits have been paid to the Kent Education Committee cases.

“ The Local Care Committee now cover almost half the county, and a steady increase is shown not only in the number of home visits paid by the members, but in the practical help which has been given, such as the finding of employment, occupation, etc.

“ The first occupation centre in Kent was started on November 4th, in Tunbridge Wells. It is open three mornings a week. Seven boys and six girls are on the register, some of these coming in from surrounding villages by motor bus. They are all either imbeciles and excluded from school, or low-grade feeble-minded over sixteen. Simple forms of hand work and occupation are taught, and there is also marching, drilling and games, all specially designed to train and develop the backward powers of the children.

“ Even in this short time the improvement both in their discipline and capability is marked, they love their school, and always ask how soon they may come again. What is even more encouraging to the whole movement is the keen interest of the parents, who say that they already notice improvement in the children at home.”

Voluntary School Clinic. The voluntary clinic established by Mrs. Littlewood at East Farleigh continues to do excellent work, and during the year, 2347 attendances were made by school children.

17.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(a) The methods adopted for ascertaining what children exist within the administrative area who should be placed within the above categories, have been discussed in previous reports. It remains to be added that “ascertainment” of the mentally sub-normal child has improved since the help of the Kent Voluntary Association for Mental Welfare became available, and will improve still further with the extension of special classes for dull and backward children.

Details of the number of blind, etc., children, and of the provision made for them will be found in Table 9. Residential provision for feeble-minded children is non-existent in the county, but it is hoped that the question will be pressed forward in the near future, and in collaboration with the Local Control Authority. There is no doubt that, in a large proportion of cases of mental deficiency, no kind of day-school is adequate to meet requirements.

(b) There is one day special school for feeble-minded children—situate at Tonbridge. The medical officer of this school reports as follows :—

Report on Tonbridge Special School, 1924.

Number on Roll, Jan., 1924 : 29.
 Number on Roll, Dec., 1924 : 30.
 Number admitted during year : 6. .
 Number left during year : 5.

“ Of these latter five, three have been transferred back to elementary schools, and two have been admitted to institutions.

“ The school was closed for two weeks in March owing to influenza and measles, but, on the whole, the attendance has been good.

“ The work of the school has been continued on the same lines as in former years.

“ The older children attend the manual work centres in connection with the Sussex Road Council Schools ; thus, the girls go to cookery

and laundry classes, and the boys attend the woodwork and gardening courses.

“The younger children do raffia, rug-making, knitting and paper-cutting.

“Some time is given to dancing, and exercises of this description. This, I think, is a very useful employment for such children, as it quickens up their movements.

“As regards the type of children at this school, they may be divided into three classes according to progress :—

1. No progress as regards ‘3 R’s.’
2. Very slow progress as regards ‘3 R’s.’
3. Good progress as regards ‘3 R’s.’

“*Class 1.* Comprises four or five children, three of the typical mongol type, who are here more or less at the parents’ request or who are awaiting admission to homes.

“*Class 2.* Eight or nine in number. Mentally deficient, and not likely to improve to any great extent, but are educable to a point.

“*Class 3.* The largest proportion of children attending are borderline cases. Three or four of these, it is hoped, will be fit for ultimate transfer to elementary schools. This is the class which, to my mind, is most suitable for this type of school, as no doubt the other classes would be better at residential institutions.

“A number of the children stop for a mid-day meal, which is provided at a small cost.

“The school is doing useful work, but at present, owing to transport difficulties, its sphere of usefulness is limited to a small area.”

(c) *Special classes for the Dull and Backward.* A list of these new special classes was given in my last annual report. The list has not yet been extended, as it is felt that existing classes must be established on a firm basis, before the scheme on which they are founded is expanded further. These classes accommodate, in addition to children regarded as retarded only, also cases of high-grade feeble-mindedness living in their districts, after approval of the school medical officer. At the present time there are 128 boys and 106 girls in these classes, including 10 boys and 5 girls certified as feeble-minded. In his report for 1920, the Medical Officer of the Board of Education summarized the activities

which may be expected to arise from the problem of the backward child, as it affects the school medical officer. They were set forth as follows :—

- (I) Ascertainment.
- (II) Treatment of physical defects.
- (III) Assistance in framing suitable educational proposals.
- (IV) Co-operation with the health authorities with regard to home circumstances.

(I) Ascertainment is essentially a function of the teaching staff, and is based on educational attainments in relation to age. The problem is not yet solved on a uniform basis, but it involves a consideration of the class teacher's opinion in respect of an individual child in conjunction with the results of standardized group tests, and in doubtful cases of intelligence tests also. It is proposed that every child shall have a card showing his educational record throughout school life, and that the card shall be compiled in some manner agreed upon, so as to furnish uniform results. There will be space for relevant medical information.

(II) In view of the fact that backward children show a greater proportion of physical defects than children of average educational attainments, the establishment of these classes should be of great assistance to the school medical service in directing its activities where they are most required. In addition, these classes will render more effective the ascertainment of sub-normal children for certification as "mentally deficient." In the conduct of these classes, special effort should be made to utilize all available open-air facilities and canteens.

(III) With regard to educational methods, the doctor is in the same position as though the special class were a certified special school, and his assistance will be proportionate to further developments of medical psychology.

(IV) The backward child is a product, not only of physical defect, but of external environment, and it is here that the co-operation of other branches of the public health service should be helpful. The school nurse may ascertain the home conditions of particular children, and, having acquired the parents' confidence, inculcate the elementary principles of hygiene, as well as draw attention to insanitary states, whilst the teaching staff can profit from the information afforded by the nurses in planning instruction in hygiene for the scholar.

18.—NURSERY SCHOOLS. None established.

19.—SECONDARY AND PRIVATE SCHOOLS.

There has been no change in the general arrangements for medical inspections in secondary and private schools. The girls' schools are visited by a whole-time woman doctor, and each boys' school is visited by the medical inspector of the elementary schools of the area in which it is situated. Private schools are inspected if inspection is desired by the governing body or proprietor, and a fee is charged to cover the cost. Routine medical examinations are made of certain age groups, viz., entrants, pupils aged 10, 12 and 15, and leavers. The groups correspond with those of the elementary schools, having regard to the difference in the age distribution in the two sets of schools.

Findings of Medical Inspection in Secondary Schools.

(a) *Uncleanliness.* Twelve cases in all were recorded at the medical inspections. The fact that half the children in attendance at secondary schools are drawn from the elementary schools, where the record of verminous condition is so different, illustrates the effect of a new environment.

(b) *Minor Ailments.* The same observation applies to minor ailments; no case of impetigo was recorded.

(c) *Tonsils and Adenoids.* Eighty-one cases were referred for treatment, being 1·7 per cent. of the children examined. The corresponding figure for elementary schools is 4·3 per cent. In addition, 103 cases were recorded for further observation. These numbers agree closely with those obtained in 1922 and 1923.

(g) *Defective Vision.* In the case of the boys seen at routine ages, 251 cases of eyesight less than normal were recorded, and of these 153 were referred for treatment. These figures are 9·4 per cent. and 5·7 per cent. of the numbers examined. In the case of the girls, the corresponding figures are 26 per cent. and 11 per cent.

(h) *Malnutrition.* A striking feature of the current year's statistics is the large amount of malnutrition recorded at the secondary schools. There were 373 cases among the girls and 126 among the boys; and 238 of these cases were referred for treatment—230 girls and 8 boys. It is hoped shortly to secure further information with regard to this important matter.

(j) *Crippling Defects.* Of the postural defects, slight spinal curvature in the girls' schools takes the most prominent place. 224 cases were referred for treatment—consisting for the most part of remedial exercises, carried out by the physical drill mistress.

(m) *Medical Treatment.* Facilities provided for children attending elementary schools are available for secondary school children also, when it can be shown that circumstances are comparable. In practice, however, most parents obtain private or hospital treatment. The various groups of Table IV show the amount of treatment actually obtained.

20—CONTINUATION SCHOOLS. None established.

21—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The number of children regularly employed on October 1st, 1924, was 215. Only one prosecution for illegal employment has been necessary during the year under review.

22.—SPECIAL ENQUIRIES.

During the year the whole-time school medical inspectors have carried out special enquiries, and the following reports have been submitted to me :—

Dr. John Selfe has reported as follows :—

Report on enlarged tonsils and adenoids observed at routine inspections during the year 1924.

Probably next to dental caries, pathological enlargement of tonsils and adenoids attracts the attention of the school medical inspector. During the course of routine inspections at schools in the north-western area of Kent, note was made of the conditions requiring operative interference. The following 100 cases, amongst others, were recommended for operation :—

TABLE (A).

<i>Condition.</i>	<i>Tonsils and Adenoids.</i>				<i>No. of Cases.</i>	
1. Obstructive only	12	} 62%
2. Obstructive and septic	12	
3. Obstructive and defective hearing	5	
4. Obstructive and defective hearing and septic	5	
5. Obstructive, septic and ear discharge	1	
6. Defective hearing and septic	5	
7. Ear discharge	1	
8. Defective hearing	6	
9. Defective hearing and ear discharge	1	
10. Septic	14	

TABLE (B).

<i>Condition.</i>	<i>Tonsils only.</i>					<i>No. of Cases.</i>	
1. Septic	9	9%

TABLE (C).

<i>Condition.</i>	<i>Adenoids only.</i>					<i>No. of Cases.</i>	
1. Obstructive only	4	} 29%
2. Obstructive and defective hearing	8	
3. Obstructive and defective hearing and septic	6	
4. Defective hearing and septic	2	
5. Defective hearing only	4	
6. Defective hearing and ear discharge	3	
7. Septic	1	}
8. Obstructive and ear discharge	1	

It will be noted that tonsils and adenoids together account for more than half the total, adenoids only for rather more than one quarter, and tonsils only for less than a tenth. In condition (1) of Table (A) operations were recommended for the usual signs of obstruction, *i.e.*, adenoid facies and dull mentality, etc. In condition (2) of Table (A) operation was recommended for obstruction associated with enlargement of angle glands. In condition (10) of Table (A) operation was similarly recommended on account of considerable chronic enlargement of angle glands with history of repeated sore throats, nasal discharge of chronic character, etc.

When in doubt as to the presence or absence of adenoids, and if the condition of the throat allowed of it, a digital examination of the post-nasal space was made in order definitely to confirm the diagnosis. If only slight hypertrophy of adenoidal tissue was present together with absence of symptoms, breathing exercises, etc., were recommended. It will be noted that in no less than 45% of the cases, defective hearing was present, either persistent or more often of an intermittent character. In seven cases ear discharge was present.

The indications for operation when tonsils and adenoids are present are now so well recognized that recapitulation is unnecessary. Occasionally an operative failure is seen, mostly due to faulty technique at the time of operation. In such cases it is very difficult to induce the parents to have the child operated upon again, and it is necessary to have recourse to breathing exercises, etc. At the present time much discussion is going on in the medical press as to the right and proper

method of removal of tonsils and adenoids, in other words "guillotine *versus* enucleation."

Reverting to Tables (A) (B) and (C) it will be noted that adenoid symptoms are more noticeable and dramatic; furthermore, the mouth-breathing produced by adenoids aggravates, if it does not produce, the enlargements of the tonsils. As it is impossible, however, in many cases, to differentiate between the symptoms produced by diseased tonsils and adenoids, the safest plan is to enucleate the tonsils.

Dr. S. A. Tucker reports as follows :—

The Health of the Entrant and Intermediate Groups of School Children with special Relation to Breast-feeding.

No one who has given the matter any thought will dispute the fact that a baby brought up on its natural food (human milk) has a considerable advantage over a bottle-fed infant, always provided that the nursing mother is healthy, and that there is no great difference in the social conditions of the respective children. I imagine that such a proposition has been long accepted without question by the medical profession. There is no doubt, however, that in these days substitutes for the natural food are very carefully and scientifically prepared, and this, added to recent developments in the activities of the public health authorities in connection with infant welfare work, has made the rearing of a healthy and normal hand-fed infant easier than it was many years ago.

I have for a long time past been struck by the number of mothers, among those bringing children to the welfare centre of which I have charge, who are unable (or possibly unwilling) to nurse their babies. I therefore determined to collect a number of cases of children at different ages, and record their histories and physical conditions, taking into consideration, specially, the method of feeding in the first year of life. I cannot say that I expected to find any very great difference, physically, between the breast, and the bottle-fed child, as so many other factors, such as those mentioned above (health of mother, improved artificial foods, etc., etc.) must be considered; and one should add to this the frequent inaccuracies of certain histories. However, I thought that, if breast-feeding is such a great asset at the outset of a child's life, it should certainly show its effects later on, and I was curious to find out for myself in what particular way it does so, if at all.

The results of my investigations are given below, and are reproduced for what they are worth. I regret that the number of cases investigated is not larger; this would perhaps have been of more value, but possibly the series given will form the nucleus for further research.

The histories of 104 children attending the schools in various parts of my area were recorded. In each case the mother was seen and questioned. I divided the series thus obtained into two main groups, a "five-year-old" and an "eight-year-old" group. The results are as follows:—

Of the hundred and four cases, sixty-three were said to have been wholly breast-fed. The remaining forty-one were all partially or wholly fed on patent foods or cow's milk.

Of these latter it is significant that fifteen came from the town, as against twenty-six from the country schools. As only twenty-nine of the hundred and four were drawn from what may be termed towns in the district, it can be seen that this is a figure of some interest and importance. It also bears out my observations at the baby welfare centre referred to above, where a considerable number of mothers seem unable to feed their babies.

Of the sixty-three breast-fed children,

28 come into the five-year-old group
31 " " " eight- " " "

and there are four of other ages.

Of the forty-one hand-fed children,

17 are in the five-year-old group
23 " " " eight- " " "

and there is one of other age.

Taking the five-year-old group first, the following are the findings:—

- (a) Average age of seventeen hand-fed, 5 years 4 months.
- (b) " " " twenty-eight breast-fed, 5 years $3\frac{1}{2}$ months.
- Average weight of (a) 2st. 12lb. 6ozs.
- " " " (b) 2st. 12lb. 13ozs.
- Under 2st. 7lb. : Class (a), 3 children or 17.6 per cent.
- Under 2st. 7lb. : Class (b), 2 children or 7.1 per cent.

Teeth, Condition of.

No caries detected :

Class (a), 4 23.5 per cent.
Class (b), 10 35.7 per cent.

More than four teeth carious :

Class (a), 6 35.2 per cent.
Class (b), 6 21.4 per cent.

Nose, Throat, etc.

Class (a). Tonsils definitely enlarged = 3, or 17·6 per cent.

Class (b). " " " = 1, and
Adenoids " " = 1, or 7·1 per cent.

Deafness or Ear Discharge.

Class (a), 3 17·6 per cent.

Class (b), Nil Nil.

Illness, Infectious Disease, etc.

In Class (a) 1 had had pneumonia with empyema.

2 " " bronchitis.

2 " " gastric trouble.

5 " " measles, *i.e.*, 29·4 per cent.

3 " " whooping cough, *i.e.*, 17·6 per cent.

3 " " chicken pox, *i.e.*, 17·6 per cent.

while five gave no history of any illness, *i.e.*, 29·4 per cent.

In Class (b) 1 had had inflammation of lungs.

1 was anæmic and "delicate."

9 had had measles, *i.e.*, 32·1 per cent.

7 " " whooping cough, *i.e.*, 25 per cent.

5 " " chicken-pox, *i.e.*, 17·8 per cent.

2 " " mumps, *i.e.*, 7·1 per cent.

while in 14 no history of any illness was given, *i.e.*, 50·0 per cent.

Commencement of Teething, Walking and Speech.

The figures obtained under these headings cannot be regarded as very accurate. Many of the mothers were vague as to time of commencement of the different functions.

In Class (a) Teething was said to have started late (nine months or after) in 5, *i.e.*, 29·4 per cent.

Walking commenced after fourteen months in 8, *i.e.*, 47·05 per cent.

Speech was very late (after 2 years) in 1, *i.e.*, 5·8 per cent.

In Class (b) Teething was late in 4, *i.e.*, 14·3 per cent.

Walking was late in 9, *i.e.*, 31·1 per cent.

Speech was late in 1, *i.e.*, 3·5 per cent.

Analysis of the eight-year-old group gives the following results :—

Class (a). (Hand-fed) av. age, 8 years 3 months, av. weight, 3st. 8 $\frac{3}{4}$ lbs.

Class (b). (Breast-fed), av. age, 8 years 1 month, av. weight 3st. 10 $\frac{2}{5}$ lbs.

In Class (a) there were 20 whose weight was under 4st., *i.e.*, 87 per cent.

In Class (b) there were 20 whose weight was under 4st., *i.e.*, 64·5 per cent.

Teeth.

No caries detected :

Class (a), 2 cases, *i.e.*, 8·5 per cent.

Class (b), 2 cases, *i.e.*, 6·4 per cent.

More than four carious :

Class (a), 7, *i.e.*, 30·4 per cent.

Class (b), 11, *i.e.*, 35·4 per cent.

Throat, Nose, etc.

Class (a)	Tonsils definitely enlarged,	3	} = 7, or 30·4 per cent.
	Had operation, T. and A.,	3	
	Adenoids	1	

Class (b)	Tonsils definitely enlarged,	—	} = 6, or 19·3 per cent.
	Had operation	4	
	Adenoids	2	

Illnesses, Infectious Disease, etc.

In Class (a)	4	had had	pneumonia or bronchial pneumonia.
	2	„ „	bronchitis.
	1	„ „	rheumatism.
	2	„ „	gastric trouble.
	3	„ „	rickets.
	1	„ „	weak spine.
	1	„ „	anæmia.
	1	„ „	fits.
	1	attends	tuberculosis dispensary, ? chest.
	1	had had	tuberculous glands.
	1	„ „	tuberculous peritonitis.
	1	„ „	operation for hernia.
	1	was	nervous.
	1	was	always delicate.

14 had had measles, *i.e.*, 60·8 per cent. 12 had had whooping cough, *i.e.*, 52·1 per cent. 8 had had chicken-pox, *i.e.*, 34·7 per cent. 2 had

had scarlet fever, *i.e.*, 8·7 per cent. 1 had had mumps, *i.e.*, 4·3 per cent. while one gave no history of illness or disease, *i.e.*, 4·3 per cent.

In Class (b)	2	had had	bronchitis.
	1	„ „	rickets.
	1	„ „	anæmia.
	1	„ „	slight lateral curvature of the spine.
	1	„ „	tuberculous peritonitis.
	1	„ „	umbilical hernia (small).
	1	„ „	ing. hernia.
	2	„ „	congenital defects.

Infectious disease.

15 had had measles, 48·3 per cent. 13 had had whooping cough, 41·9 per cent. 5 had had chicken-pox, 16·1 per cent. 4 had had mumps, 12·9 per cent. 1 had had scarlet fever, 3·2 per cent. No history of definite illness, 9, 29 per cent.

Commencement of Teething, Walking, Speech.

Class (a)	Teething late in 5, <i>i.e.</i> , 21·7 per cent.
	Walking late in 10, <i>i.e.</i> , 43·4 per cent.
	Speech late in 2, <i>i.e.</i> , 8·7 per cent.
Class (b)	Teething late in 5, <i>i.e.</i> , 16·1 per cent.
	Walking late in 8, <i>i.e.</i> , 25·8 per cent.
	Speech late in 3, <i>i.e.</i> , 9·6 per cent.

Observations on the foregoing figures :—

The particular points of interest in this series of figures to my mind are :—

- I. The weights. In each age group the breast-fed children have the advantage, slight, I admit, but still definite, and increasing markedly between the two groups. It should also be noted that the average age in each group favours the breast-fed child (that is, it is younger).
- II. Throat, nose and ear defects speak for themselves.
- III. Most important of all is the comparison of illnesses and defects other than common infections. The incidence of all diseases, more particularly of the *lung, tuberculous and gastric variety*, even in this small number of cases, certainly points to a favourable verdict for breast-feeding.

IV. Teeth. The five-year-old group speaks for itself, again markedly in favour of the breast-fed child. In the eight-year-old group, the balance appears to be slightly in favour of the non-breast-fed. This I am at a loss to explain, except that by the time a child has reached this age its previously sound teeth may have been destroyed by wrong feeding since infancy. It should be remembered, too, that this group were born in 1916—a war year—and no doubt the food conditions, acting alike on breast- and bottle-fed children, were sufficient to cause deterioration in the teeth of the first-named, though not affecting their other good qualities. This, of course, is purely supposition; and in any case the margin against the breast-fed is small.

V. Infectious disease. The results here are curious. The eight-year-old breast-fed group certainly shows a smaller percentage incidence of the common infections, except in the case of mumps, but in the five-year-old group the smaller incidence favours the hand-fed, if only slightly.

Far more significant to my mind are the figures of “No history of illness.”

Class (a). 5-year olds, 29·4 per cent.; 8-year olds, 4·3 per cent.

Class (b). 5-year olds, 50 per cent.; 8-year olds, 29 per cent.

Once again, however, I will point out that I cannot guarantee the accuracy of all the histories.

In conclusion, I am sure, that, granted the veracity of my statistics, no parent would wish his or her child to belong to my Group A, even though at five years old he might have had measles or whooping cough when his Group B fellow had not done so, and though at eight he might have one or two more decayed teeth.

Whether breast-feeding really accounts for any or all of the differences in the physical condition, etc., of my two groups, I am not prepared to say, but it certainly appears probable that it does do so.

In any case, I am satisfied that I can make use of some of the facts presented by the above small table of comparisons, as propaganda at the infant welfare centre, against the apparently growing reluctance and inability of many mothers to feed babies in the natural way. I sometimes wonder if those who run infant welfare centres are not in some measure to blame for this, when they make it easy for the mothers to obtain foods at cheap rates.

Dr. F. Wolverson reports as follows :—

“ The following report is in continuation of my report of last year on the subject of malnutrition in children of school age. I have enquired into the breakfast habits and bedtime of over 2,000 children during the last year. It is not always easy to get from a child information as to what it has had for breakfast. In the best cases there is no difficulty, but where the child has had an insufficient meal or none at all, it is very apt to prevaricate or refuse to give information by saying it cannot remember. I think, however, that the following figures are fairly reliable. In cases where any doubt existed I made no record, and no infants are included in this return except those whose parents attended the inspection. In each case the child or the mother was asked what the breakfast had consisted of on that particular morning. The following are the percentages relating to 2,000 children :—

No breakfast	...	...	...	...	...	1.3%
Bread and butter (more often margarine or bread and dripping)	...	...	...	...	...	31.8%
Sop, <i>i.e.</i> , bread and tea	...	...	...	...	...	2.1%
Bread and cheese	...	...	...	...	...	2.2%
Toasted cheese	...	...	...	...	...	.3%
Eggs (cheap this year)	...	...	...	...	...	15.8%
Bacon	...	...	...	...	...	11.2%
Bacon and egg	...	...	...	...	...	3.6%
Bread and milk	...	...	...	...	...	4.3%
Porridge or other cereal	...	...	...	...	...	17.4%
Fried bread	...	...	...	...	...	2.1%
Fried potatoes	...	...	...	...	...	.9%
Meat (potted meat, tongue, pork, rabbit, boiled ham, etc.)	...	...	...	...	...	4.8%
Bread and treacle	...	...	...	...	...	.8%
Soup	...	...	...	...	...	.4%
Fruit	...	...	...	...	...	.1%
Fish	...	...	...	...	...	.9%

“ Twenty-six children had no breakfast. In every one of these cases the statement that no breakfast had been taken was made by the mother. All had had simply a cup of tea and refused to eat anything at all. In ten of these cases a recommendation for treatment was made and the condition was enough to explain the lack of morning appetite. In twelve of the remainder enquiry elicited that the child did not go to bed sufficiently early, not one earlier than nine o'clock, and in the remaining six cases no cause was immediately discoverable. One would wish in all these cases to see the sleeping conditions as to airspace, open windows, etc.

"Six hundred and thirty-six children had for breakfast "bread and butter." This means in many cases bread and margarine, and is often margarine of a poor quality. In 81% of these cases tea had been taken as the beverage, in 13% cocoa, and the remainder milk. In a few instances jam had been taken in addition.

"Forty-four children had taken bread and cheese and six toasted cheese. In a few of these cases the selection is made by the child, but in the majority, cheese is taken because, for some reason, it is necessary for the child to prepare its own breakfast and bread and cheese is very handy and easy to get at.

Sop, *i.e.*, pieces of bread soaked in tea, in only forty-two cases.

"Eggs. Three hundred and sixteen children stated that they had eaten an egg for breakfast. Eggs were much cheaper this year, and in the country districts in the spring of 1924 an egg was probably the cheapest good breakfast that could be got.

Bacon, 224.

Bacon with egg, 72.

Bread and milk, 86.

Porridge (oatmeal or other cereal), 348.

Milk taken with the porridge in about half the cases. Milk is dear and often in the country difficult to procure.

Fried bread, 42. In these cases fried bread constitutes the whole of the breakfast. In many thrifty houses egg and bacon is taken with fried bread and it also often follows porridge.

Fried potatoes, 18. Not so common as one would expect. Often used in the families of sea-going men.

Meat, 82. The meat in these cases is potted meat, tongue, pickled pork, boiled ham and even rabbit.

Fish, 18.

Bread and treacle, 14.

Soup, 8.

Fruit, 2.

"What appears to me the important conclusion to be drawn from these figures, limited as they are in number and qualified to some extent by error or false information, is that, while very few children indeed in Kent are without a breakfast of sorts, there are 40% who do not get a really efficient well-designed breakfast with which to face the morning cold on the way to school. Neither bread and cheap margarine, pickled

pork, nor cheese, all with tea, can be considered proper food for a child in the morning.

" In between these two extremes of improper feeding, the children who eat bread and butter (good butter), bread and jam or marmalade, are not as well equipped as they could be for the same cost if the mother were better instructed.

" The enquiry relating to bedtime is, I think, more subject to error than that of morning meals.

" The child knows immediately what one is at when the question is put as to bedtime. It has had the same question put by teachers repeatedly, and it knows that a late bedtime is reprehensible. This gives rise to mendacity, and what Mark Twain calls 'some stretchers.' In any case I think that the question 'What time do you go to bed?' or the same query put to a mother, 'What time does he go to bed,' is always answered by a statement which represents the earliest hour at which the child ever goes to bed, and that a half hour at least could in many cases be safely added to the reply in order to arrive at the correct average hour. The following figures represent the actual reply of the child.

" Often a child has a recognized bedtime rule which one knows from one's experience is more honoured in the breach than in the observance.

" The question was put to 1,104 children of between the ages of twelve and thirteen or to their parents, and to the parents of 200 entrants of five to seven years.

Children of 12 to 13.

					%
7 o'clock	...	...	...	...	6.5
7.30	...	...	...	...	8.33
8.0	...	...	...	...	28.4
8.30	...	...	...	...	26.3
9.0	...	...	...	...	22.2
9.30	...	...	...	...	6.0
10.0 or after	...	...	...	...	2.0

Children of 5 to 7.

6 o'clock	...	...	...	...	2
6.30	...	...	...	...	20
7.0	...	...	...	...	10
7.30	...	...	...	...	43
8.0	...	...	...	...	20
9.0	...	...	...	...	3
10	...	...	...	...	2

" During the operation of summer time the time of retiring is retarded, temporarily, by the two factors of natural and unnatural lengthening of the day.

" I find that in many cases where a child is excluded from school on account of tubercle, or suspected tubercle, chorea, and the like, it is necessary to impress upon the parent the necessity for an early bedtime. If this is not done, advantage is always taken by the child to sit up a good deal longer than it would do if at school.

" In pursuance of my last year's report, a small nutrition clinic was formed at Ashford early in the year. This attempt has been purely voluntary and worked without any expense to the authority and without the assistance of the Committee's staff. I arranged it so that I could attend once a fortnight after my school inspection for the day was completed. Two ladies interested in public work in Ashford have assisted me regularly, and from time to time other ladies have helped. The necessary funds were raised by a drawing-room meeting held at Ashford High School for Girls, with the concurrence of the principals of that school. The schoolroom at Ashford Council Infants' School was used at 4.30 every other Wednesday, so that no expense was incurred for rent or light. It was soon found, however, that women could not be expected to attend with their children in the cold, dark evenings of winter without the offer of a cup of tea and a scone or cake, and it was also found that cases constantly arose where it was necessary to buy the cod liver oil or malt extract ordered for the child. These expenses have been met by the fund above mentioned, and there is still money in hand.

" A number of cases of well-marked malnutrition were selected as a commencement, and others have been chosen as they arose. These were all taken from the Council Infant School. Neither time nor space would allow for other schools to be touched. The parent is invited to attend at the hour when the child leaves school and to remain for a time. The child is weighed and measured at every interview and at the beginning a note is made as to the child's daily life. (Hour of rising, breakfast appetite, food likes and dislikes, amount of school work and time at school, rest periods, other meals, bedtime and condition of sleep). These things are discussed with the parent and advice is tendered as to any change or modification required. From time to time the head teacher submits children who appear to her to be malnourished or fatigued. At each visit the difference in height and weight from the previous session is noted and enquiry is made as to whether the suggestions made have been carried out. Of course, if there are any remediable defects, no pains are spared to persuade the mother to have these remedied.

" Twenty-six children have been thus inspected and treated. Four of these had at the beginning marked obstruction to breathing by tonsil and adenoids, and all of them have been operated on with marked improvement to the condition in each case. The type of mother in all these cases was such that it is practically certain that the remedy of the condition would not have been undertaken without the constant pressure of persuasion exercised.

" Eight of the remainder have gained weight satisfactorily, *i.e.*, their weight for height has increased. In all these cases there existed no apparent physical defect, and the cause of malnutrition was to be found in mismanagement in the matter of food and sleep.

" Two children who have attended fairly regularly show no improvement. The housing conditions in these two cases are very bad.

" The remaining twelve attended only once or twice, one being referred to the tuberculosis dispensary, one being recommended for transfer to another school nearer to its home owing to the fatigue caused by the long walk. Of the other ten, four were cases which did not appear to need treatment, and six did not appear a second time even in response to a second or a third postcard.

" The fourteen cases have attended fairly regularly throughout the nine months of the clinic.

" I propose to continue this voluntary work for another year."

Dr. W. Lessey reports as follows :—

A comparison of Anæmia in town and country school children.

The accompanying Tables show the comparative number of slight and severe cases of anæmia in town and country schools and represent two inspections at each of twenty-seven schools. The figures are for elementary schools only.

COUNTRY SCHOOLS.

<i>School.</i>	<i>Number of Children examined.</i>			<i>No. with Slight Anæmia.</i>		<i>No. with Severe Anæmia.</i>	
	<i>(Two inspections at each School.)</i>						
1	32	6	(18·8 %)	4	(12·5 %)
2	53	8	(15·1 %)	6	(11·4 %)
3	29	5	(17·3 %)	3	(10·4 %)
4	59	6	(10·2 %)	3	(5·1 %)
5	135	17	(12·6 %)	12	(8·9 %)
6	42	6	(14·3 %)	5	(12·0 %)
7	112	10	(9·0 %)	9	(8·1 %)
8	71	11	(15·5 %)	7	(9·9 %)
9	39	5	(12·9 %)	3	(7·7 %)
10	67	7	(10·5 %)	5	(7·5 %)
11	64	7	(11·0 %)	4	(6·3 %)
12	34	5	(14·8 %)	3	(8·9 %)
13	36	7	(19·5 %)	3	(8·4 %)
14	59	7	(11·9 %)	4	(6·8 %)
15	29	4	(13·8 %)	3	(10·4 %)
16	37	5	(13·6 %)	3	(8·2 %)
17	117	11	(9·5 %)	8	(6·9 %)
			1015	127	(12·6 %)	85	(8·4 %)

TOWN SCHOOLS.

1	152	21 (13·9 %)	13 (8·6 %)	
2	121	19 (15·8 %)	10 (8·3 %)	
3	139	15 (10·8 %)	9 (6·5 %)	
4	163	19 (11·7 %)	11 (6·8 %)	
5	159	20 (12·6 %)	9 (5·7 %)	
6	114	21 (18·5 %)	10 (8·8 %)	
7	68	10 (14·8 %)	4 (5·9 %)	
8	76	8 (10·6 %)	5 (6·6 %)	
9	126	11 (8·8 %)	3 (2·4 %)	
10	91	14 (15·4 %)	5 (5·5 %)	
	<hr/> 1209	<hr/> 158 (13·1 %)	<hr/> 79 (6·6 %)	

An examination of the figures shows that there is a decidedly greater proportion of children with a marked degree of anæmia in the country schools, but there is no appreciable difference in the figures for slight anæmia.

Anæmia might be associated with many different and well-known causes, but the conditions which appear to bear relation with these figures may be recorded under four headings.

1. *Parasites.* Fleas appear to be the chief agents in the loss of blood in this way, possibly bugs; head and body lice play a small part. Only two children with body lice were noticed. The figures recorded show fifty-seven of these country children and forty-nine of the town children with flea bites, and the number of marks on each child ranged between about two score in some to about fifteen hundred in the worse cases; to arrive at the figures I made numerous counts and estimates, and there was little doubt that some of these children were losing pints of blood each year. The blood appears to be lost in two stages, first by the direct withdrawal of blood by the sucking action of the flea, and secondly by the oozing of blood from the puncture owing probably to some delay in clotting due to the action of a small quantity of the saliva of the flea which has been left in the wound.

Numerous blood-stain spots are invariably found on the under-clothing of these children.

One hardly expects to find anæmia amongst caravan dwellers and children of agricultural labourers, who spend much of their time in the open air, but it was found that many of these children suffer from anæmia with no apparent cause except flea bites.

2. *Diet.* In the formation of blood, iron plays an important part, and it is necessary to supply some iron in the food or drinks. The water may contain iron, but when the water supply is deficient in iron the food must supply all that is necessary, and there is reason to believe that the colloidal organic animal and vegetable matter is a better resource than the water.

Greens, meat and gravy have high iron contents in comparison with other articles of diet such as bread, margarine, rice, sago, flour, jam, etc.

The numbers of anæmic children who did not eat greens because they did not like them, were twenty-nine country children, and thirty-one town children; the figures for those who had a dislike for meat were five and six respectively. These figures are incomplete, because information could not be obtained from the younger children, and many of the mothers were not present to give the information.

Probably other food contents play a part in the production of anæmia, for instance, a deficiency of potassium in the diet may influence the general metabolism; directly or indirectly, animals depend on plants for their food, and the analysis of plants shows that potassium is the chief base and most plants have no sodium, yet we take little

notice of this, and make use of a sodium salt in our diet, possibly the difference in the basic ion may influence the resistant capacity of the teeth—for instance, children who suck the raw sugar cane, which is rich in potassium, are known to have teeth well preserved.

Davy in his book on "Maize," records the beneficial action of the ashes from maize cobs on pigs. Dr. J. B. Orr and Captain Elliott, of the Rowett Research Institute, Aberdeen, draw attention to the mineral needs of live stock.

The Oklahoma Agricultural Experimental Station and the Illinois Agricultural Experimental Station, have each issued bulletins emphasizing similar points.

There is a disposition on the part of some mothers to economize in money and labour, with the result that bread, margarine, jam and tea form an appreciable part of some children's food. The diet is deficient in vitamins, and this deficiency may contribute to the development of anæmia.

3. *Defective Teeth.* A form of anæmia is often found in association with carious teeth, especially when half a dozen or more septic stumps are present; the anæmia gives a sallow complexion to the skin, somewhat resembling the sallowness following chronic suppurations such as osteomyelitis.

The numbers of anæmic children found with very bad teeth were forty-one in the country and thirty-two in the town. Owing to the difficulty of obtaining dental treatment in the country, the teeth of country children are left unattended and are usually in a worse condition than those of the children in the towns.

A number of these children, acting on advice proffered them, obtained dental treatment and showed a marked improvement.

4. *Ventilation and Heating* appear to play a part in the production of anæmia, but it was difficult to collect reliable figures. A number of cases was traced to improper ventilation, inasmuch as the children slept in small rooms with many other occupants, and often the windows were said to be incapable of being opened.

Dr. Leonard Hill points out that this is a sort of tropical existence, and produces an anæmia resembling tropical anæmia, owing to the sluggish metabolism caused by the slow rate of body cooling. His Kata thermometer was devised for registering the cooling influence of the atmosphere.

Professor C. Eijkman and Dr. Andrew Balfour consider that the atmospheric condition acts through the nervous system.

There is reason to think that the convection heating by the so-called radiator pipes in schools produces this syndrome of nervous exhaustion with anæmia.

Many other causes were noted, but satisfactory figures were not collected, such as for fevers, deficiency of sunlight and other well-known causes.

23.—MISCELLANEOUS.

Examination of Assistant Masters, Mistresses and Scholarship Candidates. During 1924 it was possible to arrange for most of the scholarship candidates to be examined during the routine inspections, and the numbers are included in Table 12. In addition 73 examinations were made of assistant masters, assistant mistresses, etc.

British Empire Exhibition. During the year the medical inspectors examined 464 children who were visiting the British Empire Exhibition and remaining at least one night in the hostel provided by the authorities. This work was undertaken in order to minimize the risk of spread of epidemic disease.

Surgical Instruments. The undermentioned children were supplied with a surgical appliance :—

<i>Case</i>	<i>Appliance</i>	<i>Cost to Committee</i>
R. E.	Artificial leg	£3 3 0
H. S.	Surgical boots	1 12 6

Necessitous Cases. During the year 53 parents were assisted with travelling expenses, and in 127 cases spectacles were supplied free of charge.

Prosecutions, etc. Thirteen parents were prosecuted during the year, under the attendance bye-laws, in connection with children excluded from school on account of verminous conditions, and five cases were referred to the district medical officer of health. It was also found necessary to report 22 parents to the N.S.P.C.C.

Table 8 (Board of Education Table II).

ELEMENTARY SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1924.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	108	111	30	26
Uncleanliness	...	...	...	...	335	71	74	14
Skin	Ringworm :							
	Scalp	...	...	...	9	1	42	—
	Body	...	...	...	5	—	34	—
	Scabies...	...	...	...	8	—	30	—
	Impetigo	...	...	...	39	1	234	—
	Other Diseases (Non-Tuberculous)				70	19	177	4
Eye	Blepharitis	...	...	...	110	19	55	3
	Conjunctivitis	...	...	...	21	—	8	—
	Keratitis	...	...	...	2	1	2	2
	Corneal Ulcer	...	...	...	6	1	5	2
	Corneal Opacities	...	...	...	4	3	1	2
	Defective Vision	...	...	...	908	279	330	47
Ear	Squint	...	...	...	161	22	66	2
	Other Conditions	...	...	...	11	5	10	1
	Defective Hearing	...	...	...	164	51	70	21
	Otitis Media	...	...	...	49	14	41	6
	Other Ear Diseases	...	...	...	47	10	46	6
	Enlarged Tonsils only				413	592	80	45
Nose and Throat	Adenoids only	...	...	...	196	171	108	25
	Enlarged Tonsils and Adenoids	...	...	...	265	127	89	17
	Other Conditions	...	...	...	83	25	51	2
Enlarged Cervical Glands (Non-Tuberculous)					103	335	18	42
Defective Speech					4	14	4	4
Teeth—Dental Diseases					2990	18	226	6
Heart and Circulation.	Heart Disease :							
	Organic	...	...	...	38	42	5	18
	Functional	...	...	...	22	100	6	5
Lungs	Anæmia	...	...	...	282	72	92	12
	Bronchitis	...	...	...	149	103	18	7
	Other Non-Tuberculous Diseases				24	72	9	24
Tuberculosis	Pulmonary :							
	Definite	...	...	...	3	3	6	—
	Suspected	...	...	...	46	58	37	8
	Non-Pulmonary :							
	Glands	...	...	...	9	12	13	4
	Spine	...	...	...	—	—	—	—
	Hip	...	...	...	—	1	1	—
	Other Bones and Joints	...	...	...	—	1	2	1
	Skin	...	...	...	1	—	1	—
	Other Forms	...	...	...	2	3	1	1
Nervous System	Epilepsy	...	...	...	7	8	8	10
	Chorea	...	...	...	18	13	14	10
	Other Conditions	...	...	...	22	31	17	8
Deformities	Rickets	...	...	...	22	14	1	1
	Spinal Curvature	...	...	...	64	40	11	4
	Other Forms	...	...	...	69	51	14	9
Other Defects and Diseases					272	233	207	86
Totals					7161	2747	2291	485

B.—Number of individual Children found at Routine Inspections to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Code Groups :			
Entrants	7957	1034	13.0
Intermediates	7260	1124	15.5
Leavers	7612	1164	15.3
Total (Code Groups)	22829	3322	14.6
Other Routine Inspections	—	—	—

Table 9 (Board of Education Table III).

ELEMENTARY SCHOOLS.

Numerical Return of all Exceptional Children in the Area in 1924.

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ...	2	2	4
		Attending Public Elementary Schools	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	4	5
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ...	9	15	24
		Attending Public Elementary Schools	10	9	19
		At other Institutions ...	—	—	—
		At no School or Institution ...	3	1	4
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ...	15	19	34
		Attending Public Elementary Schools	2	—	2
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	1	3
	(ii) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ...	14	13	27
		Attending Public Elementary Schools	5	6	11
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	7	9
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children	27	20	47
		Attending Public Elementary Schools	100	88	188
		At other Institutions ...	—	—	—
		At no School or Institution ...	27	16	43
	Notified to the Local Control Authority during the year	Feeble-minded	1	—	1
		Imbeciles	20	16	36
		Idiots	—	—	—
Epileptics	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics ...	4	6	10
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools	3	6	9
		At no School or Institution ...	8	7	15
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools	23	24	47
		At no School or Institution ...	—	—	—

TABLE 9—*contd.*

			Boys.	Girls.	Total.
Physically Defective	Infectious pulmonary and glandular tubercu- losis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	3	3
		At other Institutions ...	2	8	10
		At no School or Institution ...	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools	81	81	162
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	1	3
	Delicate children (<i>e.g.</i> , pre- or latent tubercu- losis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open- Air Schools	4	3	7
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools	190	169	359
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	3	5
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Public Elementary Schools	41	26	67
		At other Institutions ...	10	12	22
		At no School or Institution ...	—	—	—
	Crippled Children (other than those with active tuberculous disease) <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	22	15	37
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	138	132	270
		At other Institutions ...	—	—	—
		At no School or Institution ...	15	13	28

Table 10 (*Board of Education Table IV*).

ELEMENTARY SCHOOLS.

Return of Defects treated during the period July 1st, 1923, to June 30th, 1924.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Disease or Defect. (1)	Number of Defects treated, or under Treatment, during the Year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm—Scalp	86	28	114
Ringworm—Body	127	14	141
Scabies	65	6	71
Impetigo	506	29	535
Other Skin Diseases	237	14	251
<i>Minor Eye Defects—</i> (external and other, but excluding cases falling in Group II.) ...	168	19	187
<i>Minor Ear Defects</i>	106	20	126
<i>Miscellaneous</i> (e.g. Minor injuries) ...	74	—	74
Total	1369	130	1499

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS
TREATED AS MINOR AILMENTS—GROUP I.)

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private Practitioner, or at Hos- pital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	1326	120	35	1481
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	3	—	—	3
Total ...	1329	120	35	1484

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme	... ..	998
(b) Otherwise	... ..	147

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	... ..	901
(b) Otherwise	... ..	146

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner, or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
517	185	702	77	779

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :

(a) Inspected by the Dentist :

		Aged			
Routine Age Groups	...	5	...	1090	} Total 9340
		6	...	1399	
		7	...	1668	
		8	...	1177	
		9	...	863	
		10	...	825	
		11	...	649	
		12	...	768	
		13	...	638	
		14	...	263	
				Specials	...
					199
				Grand Total	...
					9539

(b) Found to require treatment ... 6972

(c) Actually treated ... 2177

(d) Re-inspected ... 3028

(e) Re-treated during the year as the result of periodic examination ... 875

(2) Half-days devoted to	{	Inspection	111	}	Total	849
		Treatment	738			

(3) Attendances made by children for treatment ... 4101

(4) Fillings	...	{	Permanent teeth	...	1781	}	Total	3296
			Temporary teeth	...	1515			

(5) Extractions	...	{	Permanent teeth	...	1106	}	Total	8300
			Temporary teeth	...	7194			

(6) Administrations of general anæsthetics for extractions —

(7) Other Operations	...	{	Permanent teeth	...	792	}	Total	2059
			Temporary teeth	...	1267			

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of Visits per School made during the year by the School Nurses	5.1
(ii)	Total number of Examinations of Children in the Schools by the School Nurses	174069
(iii)	Number of Individual Children found unclean ...	7073
(iv)	Number of Children cleansed under arrangements made by the Local Education Authority ...	Nil.
(v)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921 ...	Nil.
	(b) Under the School Attendance Bye-laws	13

Table 11.

ELEMENTARY SCHOOLS.
Treatment of Other Defects.

	No. Treated or Under Treatment.
Malnutrition	119
Keratitis	1
Corneal Ulcer	8
Corneal Opacities	—
Other Eye Conditions	25
Defective Hearing	78
Otitis Media	14
Other Ear Defects	2
Nose and Throat (other conditions)	43
Enlarged Cervical Glands	91
Defective Speech	1
Dental Defects (other than treated under Authority's Scheme)	730
Heart—	
Organic	10
Functional	10
Anæmia	276
Debility	82
Lungs—	
Bronchitis	74
Other	82
Tuberculosis, Pulmonary—	
Definite... ..	1
Suspected	64
Tuberculosis, Non-Pulmonary—	
Glands	13
Spine	1
Hip	—
Other Bones and Joints	—
Other	—
Nervous System—	
Epilepsy	—
Chorea	22
Other	14
Deformities—	
Rickets	10
Spinal Curvature	24
Other Forms	46
Phimosis	13
Measles	3
Chicken Pox	7
Mumps	11
Other Defects and Diseases	202
Totals	2077

Table 12 (Board of Education Table I).

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Number of Children Inspected 1st January, 1924, to 31st December, 1924.

A. ROUTINE MEDICAL INSPECTIONS.

Age.	5	6	7	8	9	10	11	12
Boys	4	8	13	76	81	232	165	758
Girls	2	12	10	70	66	187	104	435
Totals ...	6	20	23	146	147	419	269	1193

Age.	13	14	15	16	17	18	19	Totals.
Boys	253	190	817	64	9	2	2	2674
Girls	98	83	593	17	7	4	—	1688
Totals ...	351	273	1410	81	16	6	2	4362

B. SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations (<i>i.e.</i> , No. of Children Re-examined).
Boys	29	1040
Girls	240	2249
Totals	269	3289

Table 13 (Board of Education Table II).

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1924.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition... ..					229	89	9	8
Uncleanliness :								
Head					8	—	4	—
Body					—	—	—	—
Skin	{ Ringworm :							
	{ Scalp				—	—	—	—
	{ Body				1	—	—	—
	{ Scabies				1	—	—	—
	{ Impetigo				—	—	—	—
Eye	{ Other Diseases (Non-Tuberculous)				31	10	4	1
	{ Blepharitis				11	—	2	—
	{ Conjunctivitis				—	—	—	—
	{ Keratitis				—	—	—	—
	{ Corneal Ulcer				—	—	—	—
Ear	{ Corneal Opacities				—	—	—	—
	{ Defective Vision				342	106	29	5
	{ Squint				6	—	—	—
	{ Other Conditions				6	1	2	—
	{ Defective Hearing				12	11	—	1
Nose and Throat	{ Otitis Media				2	1	1	—
	{ Other Ear Diseases				5	5	1	—
	{ Enlarged Tonsils only				36	67	4	—
	{ Adenoids only				25	17	1	2
	{ Enlarged Tonsils and Adenoids				13	17	2	—
{ Other Conditions					142	26	5	—
{ Enlarged Cervical Glands (Non-Tuberculous)					29	64	—	2
{ Defective Speech					2	2	—	—
{ Teeth—Dental Diseases					664	28	14	—
Heart and Circulation	{ Heart Disease :							
	{ Organic				5	10	1	1
	{ Functional				15	65	—	3
	{ Anæmia				167	28	12	1
	{ Bronchitis				1	4	—	—
Lungs	{ Other Non-Tuberculous Diseases				5	16	1	—
	{ Pulmonary :							
	{ Definite... ..				—	—	—	—
	{ Suspected				2	—	—	—
	{ Non-pulmonary :							
Tuberculosis	{ Glands				—	—	—	—
	{ Spine				—	—	—	—
	{ Hip				—	—	—	—
	{ Other Bones and Joints				1	—	1	—
	{ Skin				—	—	—	—
Nervous System	{ Other Forms				—	—	—	—
	{ Epilepsy				1	—	—	1
	{ Chorea				1	2	—	—
	{ Other Conditions				4	8	—	—
	{ Rickets				8	—	—	—
Deformities	{ Spinal Curvature				202	250	22	6
	{ Other Forms				64	30	6	2
{ Other Defects and Diseases					135	180	23	18

B.—Number of Individual Children found at Routine Medical Inspections to require Treatment (excluding Uncleanliness, Defective Clothing, etc., and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Code Groups :			
Entrants	761	224	29.5
Intermediates	1193	287	24.1
Leavers	1515	385	25.5
Total (Code Groups)	3469	896	25.9
Other Routine Inspections	893	210	23.6

Table 14 (Board of Education Table IV).

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Return of Defects treated during the period July 1st, 1923, to June 30th, 1924.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Disease of Defect. (1)	Number of Defects treated, or under Treatment during the Year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm—Scalp	—	1	1
Ringworm—Body	—	3	3
Scabies	—	2	2
Impetigo	—	1	1
Other Skin Diseases	—	12	12
<i>Minor Eye Defects—</i>			
External and other, but excluding cases falling in Group II ...	—	10	10
<i>Minor Ear Defects</i>	—	7	7
<i>Miscellaneous—</i>			
<i>e.g., minor injuries, bruises, sores, chilblains, etc.</i>	—	—	—
Total ...	—	36	36

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by Private Practitioner, or at Hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	36	243	46	325
Other Disease or Defect of the eyes (excluding those re- corded in Group I)	—	—	—	—
Total ...	36	243	46	325

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	...	...	...	...	30
(b) Otherwise	...	...	...	...	257

Total number of children who obtained or received glasses—

(a) Under the Authority's Scheme	...	...	...	...	29
(b) Otherwise	...	...	...	...	257

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner, or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
1	47	48	9	57

Table 15.
 MAINTAINED, AIDED AND PRIVATE SCHOOLS.
Treatment of Defects.

	Cases Treated or Under Treatment.
Malnutrition	201
Ears—	
Defective Hearing	13
Other Diseases	3
Nose and Throat (other than enlarged tonsils, etc.) ...	117
Enlarged Cervical Glands	26
Defective Speech	2
Defective Teeth	705
Heart—	
Organic	4
Functional	15
Anæmia	137
Lungs (Other)	11
Tuberculosis, Pulmonary—	
Definite	—
Suspected	—
Tuberculosis, Non-Pulmonary—	
Glands	1
Nervous System—	
Epilepsy	—
Other	7
Deformities—	
Rickets	2
Spinal Curvature	128
Other Forms	140
Debility	12
Mumps	1
Chicken Pox	1
Other Defects and Diseases	88
Total ...	1,614

Table 16. Showing exclusions by the County Medical Officer's Staff and (for one month or over) by Private Practitioners during 1924.

Defects.				By School Medical Service Staff.			By Private Practitioners, or at Hospitals.				Grand Total.
				Medical Inspectors.	Nurses.	Total.	4-5 weeks.	5 weeks or over.	Indefinite.	Total.	
Malnutrition	...	...	...	4	—	4	2	4	—	6	10
Uncleanliness	Head	...	...	70	821	891	—	—	—	—	891
	Body	...	...	3	25	28	—	—	—	—	28
	Head and Body	...	...	—	30	30	—	—	—	—	30
	Clothing	...	...	—	16	16	—	—	—	—	16
Skin	Ringworm	Head	...	24	91	115	2	—	5	7	122
		Body	...	20	81	101	—	—	—	—	101
	Scabies	...	...	24	42	66	—	—	2	2	68
	Impetigo	...	...	126	490	616	4	1	6	11	627
	Other Non-Tubercular Diseases	...	...	25	19	44	12	3	2	17	61
Eye	Blepharitis	...	...	3	1	4	2	—	—	2	6
	Conjunctivitis	...	...	5	6	11	1	—	—	1	12
	Keratitis	...	...	1	—	1	1	3	—	4	5
	Corneal Ulcer	...	...	2	—	2	1	1	—	2	4
	Corneal Opacities	...	...	—	—	—	—	—	—	—	—
	Defective Vision	...	...	10	2	12	3	1	—	4	16
	Squint	...	...	—	—	—	—	—	—	—	—
Ear	Other conditions	...	...	2	3	5	1	—	1	2	7
	Defective hearing	...	...	1	—	1	1	—	—	1	2
	Otitis media	...	...	5	—	5	2	6	—	8	13
	Other Ear Diseases	...	...	3	2	5	3	4	—	7	12
Nose and Throat	Enlarged Tonsils	...	...	8	—	8	25	3	3	31	39
	Adenoids	...	...	1	1	2	1	—	—	1	3
Enlarged Cervical Glands (Non-Tubercular)	Enlarged Tonsils & Adenoids	...	...	—	—	—	—	—	—	—	—
	Other conditions	...	...	1	—	1	5	3	—	8	9
Defective Speech	...	...	...	5	2	7	13	12	1	26	33
Defective Teeth	...	...	...	2	—	2	—	—	—	—	2
Heart & Circulation	Heart Disease	Organic	...	4	—	4	13	30	4	47	51
		Functional	...	—	—	—	6	—	—	6	6
	Anæmia	...	...	8	—	8	44	22	8	74	82
	Bronchitis	...	...	6	2	8	51	13	5	69	77
Lungs	Other Non-Tuberc'l'r Diseases	...	...	4	1	5	54	23	9	86	91
	Pulmonary	Definite	...	—	—	—	2	13	1	16	16
Tuberculosis		Suspected	...	8	3	11	11	12	—	23	34
		Glands	...	2	2	4	2	5	—	7	11
		Spine	...	—	—	—	—	2	—	2	2
		Hip	...	—	—	—	—	1	—	1	1
	Non-Pulmonary	Other Bones and Joints	...	—	—	—	1	1	—	2	2
		Skin	...	—	—	—	—	—	—	—	—
		Other forms	...	1	—	1	3	6	1	10	11
Nervous System	Epilepsy	...	...	3	1	4	8	12	6	26	30
	Chorea	...	...	24	1	25	18	28	2	48	73
	Other conditions	...	...	7	—	7	25	42	6	73	80
	Rickets	...	...	1	—	1	1	—	—	1	2
Deformities	Spinal Curvature	...	...	1	—	1	4	4	1	9	10
	Other forms	...	...	3	—	3	—	2	3	5	8
Other Defects and Diseases				89	160	249	239	161	70	470	719
Totals				506	1802	2308	561	418	136	1115	3423

In addition to the exclusions enumerated above, the following exclusions were authorized by the Tuberculosis Officers of the County Health Department :—

Anæmia	...	...	...	...	...	22
Asthma	...	...	...	...	...	4
Bronchial catarrh	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	48
Debility	...	...	...	...	...	8
Tonsilitis	...	...	...	...	...	1
Tuberculosis	Hip	...	...	...	...	3
	Abdomen	...	...	...	...	12
	Eye	...	...	...	...	1
	Glands	...	...	...	...	14
	Knee	...	...	...	...	1
	Spine	...	...	...	...	1
	Lungs	...	...	...	...	53
	Suspected lungs	...	...	...	...	7
Group 1. ((Infectious pulmonary and glandular tuberculosis)						2
Group 2. (Non-infectious, but active, pulmonary and glandular tuberculosis)						41
Group 3. (Delicate, pre- or latent tuberculosis, malnutrition, debility and anæmia)						136
Group 4. (Active non-pulmonary tuberculosis)						8

Table 17. COUNTY OF KENT—SCHOOL CLINICS.

The following Table details the work carried out during the year at the Minor Ailment Clinics on Saturday mornings.

Diseases and Defects.					Cases referred to Clinic as a result of routine medical inspection at a school.			Cases referred to Clinic through any other source, e.g., by school nurse, teacher, etc.				
					Number suffering from each defect	Result.			Number suffering from each defect.	Result.		
						Remedied,	Improved.	Unchanged.		Remedied.	Improved.	Unchanged.
MALNUTRITION					4	1	3	—	9	6	2	1
UNCLEAN HEAD					2	1	1	—	22	12	10	—
UNCLEAN BODY					2	—	2	—	3	1	1	1
RINGWORM—HEAD					10	8	2	—	39	23	15	1
RINGWORM—BODY					16	10	2	4	31	23	5	3
SCABIES					5	4	—	1	21	18	3	—
IMPETIGO					10	7	1	2	196	163	26	7
MINOR INJURIES					4	3	1	—	40	38	2	—
OTHER SKIN DISEASES					16	9	4	3	125	109	9	7
EYES	{	Blepharitis	9	3	5	1	20	8	10	2	2	
		Conjunctivitis	2	2	—	—	8	4	2	2	—	
		Keratitis	—	—	—	—	—	—	—	—	—	
		Corneal Ulcer	—	—	—	—	3	2	1	—	—	
		Corneal Opacities	—	—	—	—	1	—	1	—	—	
		Defective Vision	29	20	2	7	10	7	1	2	—	
		Squint	4	2	—	2	7	5	1	1	—	
EARS	{	Other Conditions	5	3	2	—	2	2	—	—	—	
		Defective Hearing	14	2	6	6	13	1	9	3	—	
		Otitis Media	14	—	13	1	15	3	11	1	—	
		Other Ear Diseases	9	5	2	2	19	6	8	5	—	
		Enlarged Tonsils	15	9	4	2	11	6	3	2	—	
		Adenoids	45	17	7	21	32	16	8	8	—	
		Tonsils and Adenoids	5	3	1	1	24	18	4	2	—	
NOSE AND THROAT	{	Other Conditions	8	5	2	1	37	33	3	1	—	
		ENLARGED CERVICAL GLANDS	5	2	3	—	7	3	3	1	—	
		DEFECTIVE SPEECH	—	—	—	—	1	—	—	1	—	
		TEETH	{	4+	23	19	—	4	14	11	—	3
4—	2			2	—	—	9	8	—	1	—	
Oral Sepsis	22			14	—	8	12	11	—	1	—	
HEART DISEASE	{	Organic	5	—	5	—	1	—	—	1	—	
		Functional	—	—	—	—	2	—	2	—	—	
ANÆMIA					21	12	7	2	50	15	28	7
LUNGS	{	Bronchitis	10	5	4	1	11	3	6	2	—	
		Other	6	3	1	2	4	3	1	—	—	
PULMONARY TUBERCULOSIS	{	Definite	2	—	1	1	3	—	1	2	—	
		Suspected	22	—	6	16	11	—	6	5	—	
NON-PULMONARY TUBERCULOSIS	{	Glands	8	3	4	1	9	—	6	3	—	
		Spine	—	—	—	—	—	—	—	—	—	
		Hip	1	—	—	1	—	—	—	—	—	
		Other Bones and Joints	1	—	—	1	—	—	—	—	—	
		Skin	—	—	—	—	1	—	1	—	—	
		Other	—	—	—	—	—	—	—	—	—	
NERVOUS SYSTEM	{	Epilepsy	3	—	1	2	2	—	1	1	—	
		Chorea	11	2	7	2	5	2	2	1	—	
		Other	9	—	2	7	10	1	4	5	—	
DEFORMITIES	{	Rickets	1	—	1	—	1	—	1	—	—	
		Spinal Curvature	1	—	1	—	4	—	3	1	—	
		Other Forms	1	—	—	1	7	1	5	1	—	
MISCELLANEOUS					31	10	9	12	133	88	36	14



